MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10796

# 10803 CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shelltown
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shelltown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) EMERSON (Last) BELL

4. DATE OF DEATH: (Month) November (Day) 7, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: July 6, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): Shelltown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Bell

14. MOTHER'S MAIDEN NAME: Annie Eliza Brittingham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Zeb B. Wall--Shelltown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - Acute Fil. of Heart — Interval Between Onset And Death: 1 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Glut. Nephritis - Chr. Myocarditis — years

DUE TO

(c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 54, to Nov. 7, 19 54, that I last saw the deceased alive on Nov. 5, 19 54, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulbourn M.D. ADDRESS Marion Sta. Md. DATE SIGNED Nov. 8-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 9, 1954
NAME OF CEMETERY OR CREMATORY Rehobeth Methodist Cemetery
LOCATION (City, town, or county) (State) Rehobeth, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 8, 1954
REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

RECEIVED
NOV 15 1954
BUREAU V. S.

10797

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10797

# CERTIFICATE OF DEATH

Reg. Dist. No. 265-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
COUNTY Somerset — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Broadway and Second St.

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) (Day) (Year) |
|---|---|---|---|
| IRVIN | JACKSON | BETTS | November 28 19 54 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | Sept. 2, 1889 | 65 yrs. | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| realtor | for himself | Crisfield, Md. | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| John Betts | Maryl Bethard |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| no | none | Broddway and 2nd St Mrs. Ellen Sprenkle Betts-- Crisfield, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause (a) | Coronary Conditions (Emboli) | 1 wk |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) | | |
| DUE TO (c) | Chronic Myocarditis - C. Dut Nephritis & Diabetes | years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Nov. 24, 1954, to Nov. 28, 1954, that I last saw the deceased alive on Nov. 28, 1954, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE George E Boultonm M D (Degree or title) ADDRESS Marion Ok Md DATE SIGNED 11-30-54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 1, 1954 | Sunnyridge Cemetery | Crisfield, Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Nov. 30-1954 | Nellie D. Payne | Bradshaw Funeral Parlors-Crisfield, Md. |

RECEIVED
DEC 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10798

10804 CERTIFICATE OF DEATH Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne R.F.D.
LENGTH OF STAY (in this place) 72 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne R.F.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last) Bounds

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 54

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Dec. 30, 1881 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10B. KIND OF BUSINESS OR INDUSTRY: carpenter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Felmore Bounds
14. MOTHER'S MAIDEN NAME: Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
IMMEDIATE CAUSE (A) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO arteriosclerosis — ? years
(C)
(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus; pulmonary tbc — 10 yrs +

19A. DATE OF OPERATION: — 0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? NOV. 2

22. I hereby certify that I attended the deceased from 11-4, 1953 to [illegible], 1954 that I last saw the deceased alive on 11-2, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.
SIGNATURE Geo. M. Lamm M.D. ADDRESS M.D. Princess Anne Md DATE SIGNED Nov. 4, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF Nov. 4, 1954 | NAME OF CEMETERY OR CREMATORY Grace cemetery | LOCATION (City, town, or county) (State) Mt. Vernon, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/4/54 | REGISTRAR'S SIGNATURE K. V. Johnson, M.D. | 24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
NOV 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1079

10805 CERTIFICATE OF DEATH Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) A (Last) Conner

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Dec 25 1881 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Adams
14. MOTHER'S MAIDEN NAME: Elizabeth McGrath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 331X (A) Dehydration - inanition — 30 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Cerebral vasc. accident — 30 days
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Catatonic schizophrenia — 20 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5 1953 to Nov 17, 1954, that I last saw the deceased alive on Nov 17, 1954 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE Geo M Dunn M.D. ADDRESS Princess Anne Md DATE SIGNED 11-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 21 1954 | NAME OF CEMETERY OR CREMATORY Pocomoke Baptist | LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/19/54 | REGISTRAR'S SIGNATURE R. F. Johnson, M.D. | 24. FUNERAL DIRECTOR James Hennain ADDRESS Princess Anne

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
NOV 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10860

10798

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 302 Broadway

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 302 Broadway

**3. NAME OF DECEASED:** (Type or Print) (First) Una (Middle) Evelyn (Last) Crockett

**4. DATE OF DEATH:** (Month) (Day) (Year) November 12, 19 54

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH:** Sept. 25, 1912

**9. AGE last birthday:** 42 yrs. IF UNDER 1 YEAR: Months 1 Days 17 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Tangier, Virginia

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Ross Crockett

**14. MOTHER'S MAIDEN NAME:** Saphonia Crockett

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 212-10-4466

**17. INFORMANT & ADDRESS:** Gordon Crockett Crisfield, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Nephritis Hypertension - uremia | 3 yrs |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO | (b) Arteriosclerosis | 5 yrs |
| DUE TO | (c) Diabetes mellitus | 15 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from ~~1~~ Dec 1953, to Nov. 12, 1954, that I last saw the deceased alive on Nov. 12, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D ADDRESS: Crisfield Md DATE SIGNED: Nov. 14, 1954

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**DATE THEREOF:** Nov. 17, 1954

**NAME OF CEMETERY OR CREMATORY:** Sunny Ridge

**LOCATION** (City, town, or county) (State): Crisfield, Md.

**DATE REC'D BY LOCAL REGISTRAR:** 11/15/54

**REGISTRAR'S SIGNATURE:** Betty W. Tyler

**24. FUNERAL DIRECTOR** ADDRESS: Durward Q. Covington, Crisfield, Md.

RECEIVED
NOV 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 10806 CERTIFICATE OF DEATH

Reg. Dist. No. 10801 267

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) FRANCES (Last) DeMAR

4. DATE OF DEATH: (Month) November (Day) 14, (Year) 19 54

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Jan 27, 1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis E. Matthews

14. MOTHER'S MAIDEN NAME: Sarah H. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. William C. Scott, Marion, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage Uremia — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Int. Nephritis-Chronic myocarditis & General arteriosclerosis — years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 19 54, to Nov. 14, 19 54, that I last saw the deceased alive on Nov. 14, 19 54, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) Jno C Coulbourn M D — ADDRESS Marion Sta. Md. — DATE SIGNED 11-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/16/54 — NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery — LOCATION (City, town, or county) (State) Rehobeth, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-16-54 — REGISTRAR'S SIGNATURE Willie R. Payne

24. FUNERAL DIRECTOR — ADDRESS Dennis & Watson, Pocomoke, Md.

10802

**MARYLAND** — **STATE DEPARTMETT OF HEALTH**

# 10807 CERTIFICATE OF DEATH

Reg. Dist. No. 260

M

1. PLACE OF DEATH
COUNTY Somerset. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rt 2. — LENGTH OF STAY (in this place) 74
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rt 2.
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Titus | White | Hayward | 11- | 24 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | Col | Married | June 29 1880 | 74 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | Selfemployed | Oakville md | U.S.A |

13. FATHER'S NAME Eben. Hayward.
14. MOTHER'S MAIDEN NAME Mary ?.

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| X | 213-14-7014 | Jessie B. Hayward. |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | Uremia | 2 days. |
| Antecedent cause(s) (b) | Intestinal Obstruction | 2 days |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | Hypertensive Cardio Vascular Disease | 6 yrs |
| | Hemeplegia | 6 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| no | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Nov 22, 1954, to Nov 24, 1954, that I last saw the deceased alive on Nov 24, 1954, and that death occurred at 1:10 A. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Frank Grant md | 20 Prince W.m St | Oct 24, 1954 |

| 23. BURIAL, CREMATION, REMOVAL, Specify | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, County) (State) |
|---|---|---|---|
| Burial | 11/28/54 | St mark | Oakville, md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11/26/54 | R. H. Johnson, M. D. | William H. James Jr. | Princess Anne, md |

MARGIN RESERVED FOR BINDING

I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10803

10799 CERTIFICATE OF DEATH Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 236 N. Somerset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 236 N. Somerset Ave.

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) MAE (Last) HINMAN

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 27, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Shirt Mfg.

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Thomas Nelson

14. MOTHER'S MAIDEN NAME: Annie Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 236 N. Somerset Ave. Mrs. Margaret Daugherty- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - Chronic nephritis — Interval Between Onset And Death: 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Atherosclerosis - (Cerebral - Bulbar) — 16 mos.

DUE TO

(c) Diabetes mellitus — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov. 8, 1954, that I last saw the deceased alive on Nov. 7, 1954, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS 38 N. Main St. Crisfield DATE SIGNED 11/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF Nov. 11, 1954 | NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | LOCATION (City, town, or county) (State) Crisfield R. F. D., Md.

DATE REC'D BY LOCAL REGISTRAR 11/11/54 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10808

# CERTIFICATE OF DEATH

10804

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Somerset — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marion Station
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marion Station
STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED:** (Type or Print) (First) IRA (Middle) STUART (Last) HOLLAND

**4. DATE OF DEATH:** (Month) November (Day) 19, (Year) 1954

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** widowed

**8. DATE OF BIRTH:** August 25, 1874

**9. AGE last birthday:** 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): retired farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Farming-himself

**11. BIRTHPLACE** (State or foreign country): Marion Station, Md.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Thomas Holland

**14. MOTHER'S MAIDEN NAME:** Mary Hastings

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT & ADDRESS:** Stuart Holland—Marion Station, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Uremia - Acute Dil. of Heart — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Chronic Myocarditis Diphritic — DUE TO

(c) Senile Arteriosclerosis

Interval Between Onset And Death: (a) 1 mo. (b) Years (c)

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from ..... 1953, to Nov. 19, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Coulbourn M D — ADDRESS: Marion Sta. Md — DATE SIGNED: 11-22-54.

**23. BURIAL, CREMATION, REMOVAL** (Specify): burial — DATE THEREOF: Nov. 22, 1954 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery — LOCATION (City, town, or county) (State): Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-22-54 — REGISTRAR'S SIGNATURE: Nellie D. Payne

**24. FUNERAL DIRECTOR** — ADDRESS: Bradshaw Funeral Parlors—Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10805

# 10800 CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Hudson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 6 Hudson St.

3. NAME OF DECEASED: (Type or Print) (First) LUCIOUS (Middle) EDWARD (Last) LEWIS

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: ~~male~~ white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Sept. 15, 1892

9. AGE Last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: retired waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Accomack County, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Revelle Lewis

14. MOTHER'S MAIDEN NAME: Annie Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 217-03-7398

17. INFORMANT & ADDRESS: Mrs. Lamie Lewis— 6 Hudson St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hemorrhage-

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Shock-

DUE TO (c) Had asthma for past 5 years

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Evacuation

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

William M. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? Natural Death

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. M. Coulbourn MD ADDRESS Crisfield Md DATE SIGNED Nov 16 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 17, 1954 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-17-54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

10806

**MARYLAND** 10809 **STATE DEPARTMETT OF HEALTH**

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) F (Last) Long
4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 15 1889
9. AGE last birthday: 65 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: 5 & 10 cent Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward J. Britting Sons
14. MOTHER'S MAIDEN NAME: Florence Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Alton Dryden Princess Anne

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

**Immediate cause** (a) Carcinomatosis — 1 yr

**Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Breast — 1 yr 2

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4 ..., 1953 to Nov 11, 1954 that I last saw the deceased alive on Nov 11, 1954, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wm. M. Linton M.D. Princess Anne Md 11-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE Nov 14, 1954 | NAME OF CEMETERY OR CREMATORY: Episcopal Cemetery | LOCATION (City, town or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 11/13/54 | REGISTRAR'S SIGNATURE: R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR: Jones Hensman | ADDRESS: Princess Anne

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NOV

10807

**MARYLAND** 10810

**STATE DEPARTMETT OF HEALTH**

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) J. (Last) Long

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb 9 1881

9. AGE last birthday: 73. yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Napoleon B. Long

14. MOTHER'S MAIDEN NAME: Margaret Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Earl Long Princess Anne, Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Pulmonary Edema - | 14 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Cardiac Insufficiency | 10 days. |
| | (c) | Hypertensive Cardio - Vascular Disease | 4 yrs. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov, 1954, that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 2.45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B J Marchi Gigante M.D. 20 Prince Wm. St. Princess Anne Nov 17, 1954

23. BURIAL, CREMATION REMOVAL (Specify): burial; DATE: Nov 18 1954; NAME OF CEMETERY OR CREMATORY: Episcopal Cemetery; LOCATION (City, town, or county) (State): Princess Anne Md.

DATE REC'D BY LOCAL REG. 11/16/54

REGISTRAR'S SIGNATURE: R. H. Johnson M.D.

24. FUNERAL DIRECTOR - ADDRESS: James Dennison Princess Anne Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10808

10891 CERTIFICATE OF DEATH Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 McKinley's Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 28 McKinley's Wharf

3. NAME OF DECEASED: (Type or Print) (First) STELLA (Middle) MILES (Last) MATTHEWS

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 1, 1894

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laboerer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Marion Station, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Davis

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Lucy Lewis— 28 McKinley's Wharf Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: seconds

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocarditis with Congestive Failure — 1 yr
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Virus Gastro-Enteritis — 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1954, to Nov. 16..., 1954, that I last saw the deceased alive on Nov 16..., 1954, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. R. Barr, M.D. ADDRESS Crisfield, Md. DATE SIGNED 11/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 21, 1954
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/20/54
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10809

10811

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH: Somerset COUNTY — MARYLAND STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Crisfield X
LENGTH OF STAY (in this place): 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawsonia

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield
STREET ADDRESS (If rural give location): Lawsonia

3. NAME OF DECEASED: (Type or Print) (First) Stouten (Middle) C. (Last) Sterling

4. DATE OF DEATH: (Month) November (Day) 6, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 15, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 6 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Sterling

14. MOTHER'S MAIDEN NAME: Margaret Nelson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Willie Sterling, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 days

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 54, to Nov. 6, 1954, that I last saw the deceased alive on Nov. 6, 19 54, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE: Samuel M. Peyton M.D. (Degree or title) ADDRESS: Crisfield, Md. DATE SIGNED: Nov. 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 9, 1954 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/8/54 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Durward W. Covington, Crisfield, Md.

VS. A15

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10810

10802 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 Richardson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 125 Richardson Ave.

3. NAME OF DECEASED: (Type or Print) (First) CARLTON (Middle) LORENZO (Last) TAWES
4. DATE OF DEATH: (Month) November (Day) 10, (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 23, 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Landlord
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: J. Carlton Tawes
14. MOTHER'S MAIDEN NAME: Dora Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Iva Jean Lawson Tawes— 125 Richardson Ave. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerosis: Coronary

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Disease - (Thrombosis)

DUE TO (c) Died during Sleep

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5 19 54, to Nov 10 19 54, that I last saw the deceased alive on Nov 10, 19 54, and that death occurred at ..... from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm H Coulbourn M D ADDRESS Crisfield Md DATE SIGNED Nov 11-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Nov. 13, 1954
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery
LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/12/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors
ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10813

11906

MARYLAND

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion X; MARYLAND; LENGTH OF STAY (in this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) May (Last) Ward

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1954

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, (MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 20-1894

9. AGE last birthday: 60 yrs. If under 1 year: Months. 10 Days 4 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): marion somerset co, Md

12. CITIZEN OF WHAT COUNTRY: U S a

13. FATHER'S NAME: Thomas J. Holland

14. MOTHER'S MAIDEN NAME: Jane B Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service) SOCIAL SECURITY NO. 155-01-4610

17. INFORMANT AND ADDRESS: Charles H. Ward marion md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dil. of Heart - Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension & Diabetes — Years

(c) Carcinoma of the Uterus — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Infected nephritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to Nov. 24, 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE Geo E Coulbourn M D (Degree or title) ADDRESS Marion Sta. Md DATE SIGNED Nov. 27-1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE Nov 29-1954 | NAME OF CEMETERY OR CREMATORY: ward memorial | LOCATION (City, town, or county) (State): marion somerset Md

DATE REC'D BY LOCAL REG. Nov. 27, 1954 | REGISTRAR'S SIGNATURE Nellie D. Payne | 24. FUNERAL DIRECTOR ADDRESS: Charles H. Ward. Marion sta, Md

10812

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10811 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

**1. PLACE OF DEATH:**
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~ X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location) ~ ~

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Allison | Webster | | November | 29 | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | White | Married | April 21 1916 | 38 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Waterman | Seafood | Deal Island Md | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| BENNIE WEBSTER | SADIE SHORES |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| Yes | 212-16-1903 | Mrs Earl Webster Jr Salisbury Md |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Was shot when he saw him was [illegible]
DUE TO [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) [illegible] DUE TO Exposure and Drown
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| 0 | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State) |
|---|---|---|
| | Boat | Dead Wat Forest Md |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| 11-29-54 6-8 P.M. | | Boat sank - |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 11.30.54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Dec. 2 1954 | St. Johns M.E. Cemetery | Deal Island | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 1, 1954 | Lola T. Headley | L. D. Webster | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-53

12081
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island (Tangier Sound) Ave bfe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Deal Island Maryland X
STREET ADDRESS (If rural, give location) /

**3. NAME OF DECEASED:** (Type or Print) (First) Marion (Middle) Delmas (Last) Webster

**4. DATE OF DEATH** (Month) November (Day) 29 (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Feb. 21 - 1916 | 38 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Waterman | Seafood | Deal Island Md | U.S.A. |

**13. FATHER'S NAME:** DAVID WEBSTER

**14. MOTHER'S MAIDEN NAME:** MABEL VIRGINIA DANIELS

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| Yes | 7/15/41 - To date | 216-18-2791 | CALTON HARRISON - Father in law |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Accidental Drowning on Nov. 29, | |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) 1954 - Boat sank - Body was not | |
| DUE TO | | |
| | (c) found until January 27, 1955 | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Tangier Sound | 21c. (City or town) Deal Island (County) Somerset (State) Md. |
|---|---|---|
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 29-1954 ; M. | 21e. INJURY OCCURRED While at work ☑ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Boat hit + object and sank - |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. D. Johnson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED Jan 28-55

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Jan-28-1955 | St. Johns | Deal Island Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 1/28/55 | Lola T. McKelvey | L. D. Webster | Deal Island Md |

RECEIVED
FEB 3 1955
BUREAU V. S.

MARYLAND 10814 10812 STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; MARYLAND LENGTH OF STAY (in this place) 4-7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion X; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) may (Last) Whittington

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 19 54

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 1-1905

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion somerset co

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James White

14. MOTHER'S MAIDEN NAME: Carline Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Louis Whittington marion md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arteriosclerotic Cardio-Vascular — Known 5 months

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-Vascular Accident — 1 month

19a. DATE OF OPERATION: B

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1954, to Nov 23, 1954, that I last saw the deceased alive on Nov 13, 1954, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE A. N. Barr (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov 28-1954 | NAME OF CEMETERY OR CREMATORY: Wesley Cematory | LOCATION (City, town, or county) (State): Marion Somerset Co Md

DATE REC'D BY LOCAL REG.: Nov. 27-1954 | REGISTRAR'S SIGNATURE: Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS: Charles H Ward Marion sta Md

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1954
BUREAU V. S.